

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000058925

1. Entity Name
KEE PEOPLE, LLC



Principal Place of Business
**2533 S.E. WELSH STREET
PORT ST. LUCIE FL 34984**

Mailing Address
**2533 S.E. WELSH STREET
PORT ST. LUCIE FL 34984**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NO-T APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURKEE, ROY
2533 S.E. WELSH STREET
PORT ST. LUCIE FL 34984**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-5-06

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DURKEE, ROY
2533 SE WELSH STREET
PORT ST. LUCIE FL 34984** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**UD00000576383
09/07/06-80003-007 50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DURKEE, ELIZABETH
2533 SE WELSH STREET
PORT ST. LUCIE FL 34984** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-5-06

Date

Daytime Phone #